

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Ash Kalra for Assembly 2024			<b>Date of This Filing</b> 05/10/2023  <b>Report No.</b> 23510-1  <input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)  <b>No. of Pages</b> 2	<b>Date Stamp</b>          <b>Page 1 of 2</b>	<b>CALIFORNIA FORM 497</b>  For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (415)884-5500	<b>I.D. NUMBER</b> (if applicable) 1457313				
<b>STREET ADDRESS</b>					
<b>CITY</b> Novato	<b>STATE</b> CA	<b>ZIP CODE</b> 94949-5731			

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/10/2023	IBEW Local Union 1245 Vacaville, CA 95687  ID# 742993	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00
05/10/2023	California State Association of Electrical Workers Pasadena, CA 91101  ID# 743107	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$5,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

\*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Ash Kalra for Assembly 2024			<b>Date of This Filing</b> 05/10/2023  <b>Report No.</b> 23510-1  <input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)  <b>No. of Pages</b> 2	<b>Date Stamp</b>          <b>Page 2 of 2</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (415)884-5500	<b>I.D. NUMBER</b> (if applicable) 1457313				
<b>STREET ADDRESS</b>					
<b>CITY</b> Novato	<b>STATE</b> CA	<b>ZIP CODE</b> 94949-5731			

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: